State of Delaware
Office of State Court Collections Enforcement
97-A Parkway Circle
New Castle, DE 19720 (302) 323-5356

## Affidavit and

## **Defendant's Financial Statement**

|                           |                 |                    |   | Defendant      | t             |              |                                       |             |                                     |
|---------------------------|-----------------|--------------------|---|----------------|---------------|--------------|---------------------------------------|-------------|-------------------------------------|
| Name: (First,             | Middle, Last)   |                    |   |                | Nickname, M   | laiden Name: |                                       |             |                                     |
| Social Securi             | ty No:          | Date of Bir        | th:                                     | Age:           | Student:      | Full Time    | N/A                                   | 1           | niversity/School:                   |
| Current Addr              | 988:            | House              | Apt./Bldg.                              | #              |               | ome Lot#     |                                       |             | How Long?                           |
| Previous Add              | ress:           |                    | *************************************** | <del></del>    |               |              | · · · · · · · · · · · · · · · · · · · |             | How Long?                           |
| Permanent M               | ailing Address  | : (if student, lis | st parent's nan                         | ne and addres  | s)            |              |                                       |             |                                     |
| Home Phone                | No:             | Work Phone         | No:                                     | Message Pho    | one No:       | Languages S  | poken:                                |             |                                     |
| Debeads Has               |                 |                    | <u> </u>                                |                |               | English      | Spanish                               | Other       |                                     |
| Driver's Licer            | ise No;         | State:             | Expiration Da                           | te:            | Marital Statu |              |                                       |             |                                     |
| No. of Depen              | dants:          | L                  | l <u></u>                               |                | Single        | Married      | Divorced                              | Separate    | dWidow or Widower Total Dependants: |
| Spouse                    |                 | Children (         | occa)                                   |                |               | Other/Del    | latia — a bim                         |             | rotal Dependants.                   |
|                           | ame and Addr    |                    | ages)                                   | <del></del>    | Supervisor's  | Other(Rei    | lationsnip                            | Phone No:   |                                     |
|                           |                 |                    |   |                |               |              |                                       |             |                                     |
| How Long?                 | Your Title:     |                    | Hours per We                            | ek:            | Hourly Rate   | Pay Schedule | <b>)</b> ;                            |             | Date of Next Check:                 |
|                           |                 |                    |   |                |               | Weekiy       | Biwkly                                | Other       |                                     |
| Payroli Dedu              |                 | 0-                 |   | If Unemploye   | d:            |              | u seeking<br>oyment?                  | How long ha | ave you been unemployed?            |
| nealth ins.<br>Life Ins.  | Savings         | _                  | mishments<br>ner                        | Your Trade     |               | Yes          | No                                    |             | Weeks                               |
|                           |                 | Rank:              | Active                                  |                |               | Years:       |                                       | Meal Card:  |                                     |
| Company/Unit assigned to: |                 |                    | National Guard First Sgt.:              |                | Phone No.:    |              | Serial No.:                           |             |                                     |
|                           |                 |                    |   | Charles        |               | 1            |                                       |             |                                     |
| Name: (First,             | Middle, Last)   | ·                  |   | Spouse         | Nickname, M   | aiden Name   |                                       |             |                                     |
| ,                         | , ==== <b>-</b> |                    |   |                |               |              |                                       |             |                                     |
| Social Securi             | y No:           |                    | Employer: (Na                           | arne and Addre | ess)          |              | Sup. Name:                            |             | Phone No.:                          |
| How Long?                 | Title:          |                    | Hours per We                            | ek:            | Hourly Rate   | Pay Schedule | l                                     |             | Date of Next Check                  |
|                           |                 |                    |   |                | l             | Weekly       | Riwkly                                | Other       |                                     |

File Attachment #1

| Monthly Income Received              | Monthly Expenses Paid                 |  |
|--------------------------------------|---------------------------------------|--|
| Net Take-Home Pay (Self)             | *Mortgage/Rent (your portion)         |  |
| <br> NetTake-Home Pay (Spouse)<br> - | Utilities (your portion)              |  |
| Unemployment                         | Electric                              |  |
| Worker's Compensation                | Gas Phone                             |  |
| Welfare                              | Water Cable TV                        |  |
| (Туре)                               | Total (Post Above)                    |  |
| Social Security                      | Vehicle Loan(s)                       |  |
| Child Support                        | *Vehicle Insurance                    |  |
| Alimony/Maintenance                  | *Life/Health Insurance                |  |
| Disability _                         | *All Bank Credit Cards                |  |
| Veteran's Benefits                   | *All Other Credit Cards/Charge Accts. |  |
| Parents -                            | *Loans (personal, student,bank)       |  |
| Accident Benefits                    | *Medical/Hospital/Dental              |  |
| Allotment Checks                     | Child Care                            |  |
| Interest _                           | Child Support                         |  |
| Dividends -                          | *Probation                            |  |
| Other                                | *Counseling                           |  |
| Other                                | Other                                 |  |
| Total Monthly Household Income       | Total Monthly Houshold Expenses       |  |
|                                      | *Detail on next page                  |  |

| Detailed Monthly Cynones   |                    | Status<br>C=Current | Amount   | D D         | Monthly  |
|--|--------------------|---------------------|----------|-------------|----------|
| Detailed Monthly Expenses Landlord's Name and Address                | P=Past Due         | Owing               | Due Date | Payment     |          |
|  | T-1                |                     |          |             |          |
| Bank:(Lending institution name and address)                          | Original<br>Amount |                     |          |             |          |
| Credit Card: (Financial Institution)VISAMCDiscover                   | Credit Limit       |                     |          |             |          |
| Credit Card: (Financial Institution)VISAMCDiscover                   | Credit Limit       |                     |          |             |          |
| Other Credit Cards/Charge Accounts: (Dept. stores, gas, phone, etc.) | Credit Limit       |                     |          |             |          |
| 1<br>2<br>3<br>4<br>5  |                    |                     | ļ        |             |          |
| 2  | <u> </u>           | <u> </u>            |          |             | <u></u>  |
| 3  | <u> </u>           |                     | <u> </u> |             | <u> </u> |
| 4  |                    |                     |          |             |          |
| 5  |                    |                     |          | <u> </u>    |          |
| 6  |                    |                     |          |             |          |
| Medical: (Doctor, dental, clinic hospital)                           | Original<br>Amount |                     |          |             |          |
| 1  |                    |                     |          |             |          |
| 2  |                    | 1                   |          |             |          |
| 3  | 1                  | 1                   |          |             |          |
| 4  | 1                  | <u> </u>            |          |             |          |
| 5  |                    | †                   |          | <del></del> |          |
| 6  |                    |                     |          | <u> </u>    |          |
| Personal Loan:   |                    |                     |          |             |          |
| Student Loan:  |                    |                     |          |             |          |
| Credit Union Loan:   |                    |                     |          |             |          |
| Vehicle Loan:CarTruckMotorcycle                                      |                    |                     |          |             |          |
| Vehicle Insurance:CarTruckMotorcycle                                 |                    |                     |          |             |          |
| Life/Health Insurance:   |                    |                     |          |             |          |
| Probation Officer: (Name and Phone No.)                              | Probation<br>Term  |                     |          |             |          |
| Counseling:  |                    |                     |          |             |          |

|  | Α  | ssets           |                |                  |                 |  |
|--|--|-----------------|----------------|------------------|-----------------|--|
| Vehicle #1 (Make, Model)   | Year:  | Plate No.:      | State:         | Epiration Date   | : Value:        |  |
| /ehicle #2 (Make, Model)   | Year:  | Plate No.:      | State:         | Epiration Date   | : Value:        |  |
| Bank Account: (Name and Address)   |  | Туре:           |                | Balance          | <u> </u><br>e   |  |
| Bank Account: (Name and Address)   |  | Chkg Type:Chkg  | Savings        | Balance          | e               |  |
| Credit Union Account: (Name and Addre  | Type:<br>Chkg  | Туре:           |                | Balance          |                 |  |
| Credit Union Account: (Name and Addre  | Type:Chkg  | Savings         | Balance        | <b>e</b>         |                 |  |
| Investment Account: (Name of IRAs, sto   | Type:  |                 | Value          |                  |                 |  |
| Personal Assets: (Boats, jewelry, cash v   | rsonal Assets: (Boats, jewelry, cash values, farm machinery) V |                 |                |                  |                 |  |
|  |  | erences         |                |                  |                 |  |
| Full name and address or nearest relativ   | th you:  | Relationship    |                | Phone No.:       |                 |  |
| Full name and address or nearest relativ   | th you:  | Relationship    |                | Phone No.:       |                 |  |
| Full name and address of relative living v   |  | Relationship    |                | one No.:         |                 |  |
| Full name and address of relative living v   |  | Relationship    |                | one No.:         |                 |  |
| Comments:  |  |                 |                |                  |                 |  |
|  |  |                 |                |                  |                 |  |
|  |  |                 |                |                  |                 |  |
|  |  |                 |                |                  |                 |  |
| Lawrence (affirm) and a the case of  | 4-4  |                 |                |                  |                 |  |
| I swear (affirm) under the penalty of perj<br>I understand that providing false and/or i<br>against me.<br>The Court has my permission to make a | incomplete info  | ormation to the | e Court may    | result in furthe | er legal action |  |
| obtain any additional information require  |  |                 | any die iiiiOi | mauon provide    | u anu lu        |  |
|  |  |                 |                |                  |                 |  |